## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD

|                                                                                         |                                                | Effect                                    |                                       |                                   | 1 0.         | 20               | 126                                   |                                              |                        |          |                     |                        |
|-----------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------------|-----------------------------------|--------------|------------------|---------------------------------------|----------------------------------------------|------------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                          |                                                |                                           |                                       |                                   |              |                  |                                       | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |                        |          |                     |                        |
| TOTAL CLAIMS                                                                            |                                                |                                           | 20                                    |                                   |              |                  | ſ                                     | RATE                                         | FEE                    | ]        | RATE                | FEE                    |
| FOR                                                                                     |                                                |                                           | NUMBER FILED                          |                                   | NUMB         | BER EXTRA        |                                       | BASIC FEE                                    | 385.00                 | OR       | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                 |                                                |                                           | 20 minus 20=                          |                                   | *            |                  |                                       | X\$ 9=                                       |                        | OR       | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                                      |                                                |                                           | 3 minus 3 =                           |                                   | *            |                  |                                       | X43=                                         |                        | OR       | X86=                |                        |
| MU                                                                                      | LTIPLE DEPEN                                   | NDENT CLAIM PE                            | RESENT                                |                                   |              |                  |                                       | +145=                                        |                        | OR       | +290=               |                        |
| * If                                                                                    | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                                   |              |                  | L                                     | TOTAL                                        |                        | OR       | TOTAL               | no                     |
|                                                                                         | С                                              | LAIMS AS A<br>(Column 1)                  | MENDED - PART II<br>(Column 2)        |                                   |              | (Column 3)       |                                       | SMALL                                        | ENTITY                 | OR       | OTHER<br>SMALL      |                        |
| AMENDMENT A                                                                             |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUME<br>PREVIC<br>PAID I  | BER<br>DUSLY | PRESENT<br>EXTRA |                                       | RATE                                         | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDW                                                                                     | Total                                          | *                                         | Minus                                 | **                                |              | =                |                                       | X\$ 9=                                       |                        | OR       | X\$18=              |                        |
| AME                                                                                     | Independent                                    | *                                         | Minus                                 | ***                               |              | = [              |                                       | X43=                                         |                        | OR       | X86=                |                        |
|                                                                                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                       |                                   |              |                  |                                       | +145=                                        |                        | OR       | +290=               |                        |
|                                                                                         |                                                |                                           |                                       |                                   |              |                  |                                       | TOTAL<br>DDIT. FEE                           |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
|                                                                                         |                                                | (Column 1)                                |                                       | (Colun                            |              | (Column 3)       | , , , , , , , , , , , , , , , , , , , |                                              |                        | •        |                     |                        |
| AMENDMENT B                                                                             |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA |                                       | RATE                                         | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| NOM                                                                                     | Total                                          | *                                         | Minus                                 | **                                |              | =                |                                       | X\$ 9=                                       |                        | OR       | X\$18=              |                        |
| AME                                                                                     | Independent                                    | *                                         | Minus                                 | ***                               | CL AIM       | =                |                                       | X43=                                         |                        | OR       | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                          |                                                |                                           |                                       |                                   |              |                  |                                       | +145=                                        |                        | OR       | +290=               |                        |
|                                                                                         |                                                |                                           |                                       |                                   |              |                  | A                                     | TOTAL<br>DDIT. FEE                           |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
|                                                                                         |                                                | (Column 1)                                | (Column 3)                            | 1                                 |              |                  |                                       |                                              |                        |          |                     |                        |
| AMENDMENT C                                                                             |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA |                                       | RATE                                         | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| NO N                                                                                    | Total                                          | *                                         | Minus                                 | **                                |              | =                |                                       | X\$ 9=                                       |                        | OR       | X\$18=              |                        |
| ME                                                                                      | Independent                                    | *                                         | Minus                                 | ***                               |              | =                |                                       | X43=                                         |                        | OR       | X86=                |                        |
|                                                                                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                       |                                   |              |                  |                                       | +145=                                        |                        | OR       | +290=               |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                                |                                           |                                       |                                   |              |                  |                                       |                                              |                        | OR ,     | TOTAL<br>ADDIT. FEE |                        |
| -                                                                                       | The "Highest Num                               | nber Previously Paid                      | d For" (Total or                      | Independe                         | ent) is the  | highest number   | r foun                                | id in the app                                | oropriate box          | ( in col | umn 1.              |                        |